

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2009		Complete if Known Application Number 10/589,902-Conf. #2324 Filing Date August 17, 2006 First Named Inventor Takaji WAKITA Examiner Name Z. Lucas Art Unit 1648 Attorney Docket No. 1254-0321PUS1	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 1,066.00			

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
39	- 26 or HP	13 x 52.00 =	676.00			
HP = highest number of total claims paid for, if greater than 20.				390.00		390.00

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
5	- 5 or HP	0 x 220.00 =	0.00

HP = highest number of independent claims paid for, if greater than 3.

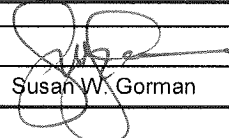
3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/50 =	(round up to a whole number) x	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)	Fees Paid (\$)
Other (e.g., late filing surcharge):	

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	47,604
Name (Print/Type)	Susan W. Gorman	Telephone	(858) 792-8855
		Date	July 1, 2009

AMENDMENT TRANSMITTAL LETTER				Docket No. 1254-0321PUS1	
Application No. 10/589,902-Conf. #2324	Filing Date August 17, 2006	Examiner Z. Lucas	Art Unit 1648		
Applicant(s): Takaji WAKITA et al.					
Invention: NUCLEIC ACID CONSTRUCT CONTAINING FULLLENGTH GENOME OF HUMAN HEPATITIS C VIRUS, RECOMBINANT FULLLENGTH VIRUS GENOME-REPLICATING CELLS HAVING THE NUCLEIC ACID CONSTRUCT TRANSFERRED THEREINTO AND METHOD OF PRODUCING HEPATITIS C VIRUS PARTICLE					
MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	39	- 26 =	13	x 52.00	676.00
Independent Claims	5	- 5 =	0	x 220.00	0.00
Multiple Dependent Claims (check if applicable) <input checked="" type="checkbox"/>					390.00
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					1,066.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>02-2448</u> in the amount of \$ <u>1,066.00</u> . A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Susan W. German Attorney Reg. No.: 47,604 BIRCH, STEWART, KOLASCH & BIRCH, LLP 12770 High Bluff Drive Suite 260 San Diego, California 92130 (858) 792-8855				Dated: <u>July 1, 2009</u>	